



Office of the County Clerk

Diana Alba
County Clerk

Commissioner of Civil Marriages

Marriage Services Division

201 East Clark Avenue

P. O. Box 551603

Las Vegas, NV 89155-1603

Jim Pierce

Assistant County Clerk

**PLEASE NOTE: IT IS UNLAWFUL TO SOLEMNIZE MARRIAGES
BEFORE YOU OBTAIN A CERTIFICATE**

INSTRUCTIONS FOR A PERMANENT CERTIFICATE OF AUTHORITY

The following documents are required to apply for a *Permanent Certificate of Authority to Solemnize Marriages in the State of Nevada*:

1. *Application for a Certificate of Authority to Solemnize Marriages in the State of Nevada*
Submit original plus 1 copy of the completed, signed & notarized form. Applicant must be authorized to solemnize marriages through the church or religious organization he/she currently serves as indicated on the application.
2. *Affidavit of Authority to Solemnize Marriages must be signed by someone in the church or religious organization you currently serve who has authority to speak on behalf of that church or religious organization and can verify that you are in good standing within that church or religious organization. This Affidavit cannot be signed by the applicant.*
3. *Release and Authorization for Background Investigation, including the Payment Information/Authorization For Background Check. Payment in the amount of \$45.00 for the background check may be by money order or cashier's check payable to Screening One, credit card, or checking account transfer by providing a voided check. Payment must accompany the documents listed in items 1, 2 and 3. **This fee is non-refundable.***

Please Note: All paperwork should be returned to this office at the address listed above, Attention: Minister Licensing. (Do NOT return the instruction sheet.) Item No. 3, together with payment of \$45.00, will be forwarded to Screening One for the background check. The background check will be completed within approximately 7 business days and the report will be forwarded to the Clark County Clerk. Upon receipt of the background check report, the County Clerk will review all documents. If everything is in order, the *Certificate of Authority to Solemnize Marriages* should be completed within 5 – 7 business days after receipt of a favorable background check report.

If approved, the authorization will be mailed to **the residence address listed on the application**. If you would like to arrange to pick it up or to have it mailed to a different address, please include the instructions with the application paperwork. It cannot be sent via express mail unless a self-addressed, pre-paid express mail envelope is enclosed.

Normal processing time for applications **after receipt of background check report** is 5 - 7 business days. **PLEASE ALLOW SUFFICIENT TIME FOR PROCESSING IF YOU ARE TO SOLEMNIZE A WEDDING IN THE NEAR FUTURE. (Submitting paperwork 6 to 8 weeks in advance is recommended.)** Paperwork must be filled out completely and properly signed and notarized. **DO NOT LEAVE BLANK SPACES. PAPERWORK THAT IS INCOMPLETE OR INCORRECT WILL DELAY THE PROCESS AND/OR MAY RESULT IN THE CERTIFICATE BEING DENIED.** If the application is not approved, you will receive a letter explaining why it was not granted.

Ex-Officio Clerk of:

APR2010Rev

Board of County Commissioners – Clark County Board of Equalization

Clark County Liquor and Gaming Board – Mt. Charleston Fire Protection District

Clark County Water Reclamation District Board of Trustees – Clark County Debt Management Commission

Big Bend Water District Board of Trustees – Clark County Redevelopment Agency

University Medical Center of Southern Nevada Board of Trustees

County of Clark, State of Nevada

APPLICATION FOR A PERMANENT CERTIFICATE OF AUTHORITY TO SOLEMNIZE MARRIAGES IN THE STATE OF NEVADA

1. _____
Full Name of Applicant _____ Nickname or Aliases Used _____
2. _____
Residence Physical Address _____ City _____ State _____ Zip Code _____
3. _____
Mailing Address, if Different _____ City _____ State _____ Zip Code _____
4. _____
Date of Birth _____ Social Security Number _____ E-mail Address _____
5. Telephone Nos. _____
Residence _____ Religious Organization _____ Cell _____
6. Date of licensure, ordination, appointment or authorization by church or religious organization: _____
7. Name & address of the **local church or religious organization** you **currently** serve:

Name _____
Physical Address _____ City _____ State _____ Zip Code _____
Mailing Address, if Different _____ City _____ State _____ Zip Code _____
Note: Applicants MUST be authorized to solemnize marriages through the religious organization he/she currently serves.
8. Date the church or religious organization was incorporated, organized or established in the State of NV: _____
9. Are you presently in good standing with your church or religious organization? ☐ Yes ☐ No
10. Have you been convicted of a felony, been released from confinement or completed parole or probation, whichever occurs later, within the last 10 years? ☐ Yes ☐ No
If yes, specify the date and place of conviction and what the charges were. **(A copy of the disposition of the case must be provided.)** _____

11. Have you ever had a previous Certificate to perform/solemnize marriages removed, revoked or suspended?
☐ Yes ☐ No If yes, when, where and what were the grounds? _____

12. Please mark the appropriate response (failure to **mark one response below WILL** result in a delay in processing or possible denial of the Application.)
_____ I am not subject to a court order for the support of a child;

_____ I am subject to a court order for the support of one or more children and I am in compliance with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I hereby certify by my signature below that my ministry is one of service to my church or religious organization.

Signature of Applicant

Note that all application paperwork must be submitted and completed within six months or it will be necessary to reapply. Applicants will not be allowed to resubmit application paperwork for six months if the application is denied.

VERIFICATION

STATE OF _____)
COUNTY OF _____) ss:

_____, being first duly sworn according to law, deposes and says:
(Name of Applicant)

That he is the Applicant in the foregoing *Application for a Certificate of Authority to Solemnize Marriages in the State of Nevada*; that he has read the foregoing Application and knows the contents thereof; that the same are true of his/her own knowledge, except for such matters therein stated on information and belief, and as to those matters he believes them to be true.

Signature of Applicant

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME

this _____ day of _____, 20_____.

**NOTE: IT IS UNLAWFUL TO PERFORM MARRIAGES
PRIOR TO THE ISSUANCE OF A CERTIFICATE OF
AUTHORITY TO SOLEMNIZE MARRIAGES IN THE STATE
OF NEVADA**

NOTARY PUBLIC

AFFIDAVIT OF AUTHORITY TO SOLEMNIZE MARRIAGES

STATE OF NEVADA)
)ss.
COUNTY OF _____)

The _____
(name of church or religious organization)

is organized and carries on its work in the State of Nevada. Its active meetings are conducted at

(street address, city or town)

The said church or religious organization hereby finds that

(name of minister or other person authorized to solemnize marriages)

is in good standing and is authorized by the church or religious organization to solemnize marriages.

I am duly authorized by _____
(name of church or religious organization)
to complete and submit this affidavit.

I shall notify the Clark County Clerk, in writing, by submitting an *Affidavit of Revocation of Authority to Solemnize Marriages* within five (5) days following any one or more of the occurrences listed below:

1. If minister or other person authorized to solemnize marriages is no longer in good standing as herein stated;
2. If minister or other person authorized to solemnize marriages has ceased to be a member of the church or religious organization;
3. If the minister or other person authorized to solemnize marriages has ceased to be a minister or other person authorized to solemnize marriages of the church or religious organization;
4. If the minister or other person authorized to solemnize marriages moves his/her residence from Clark County;
5. If the aforementioned church or religious organization changes address or location; or
6. If the church or religious organization is dissolved or otherwise terminated or changes its existence.

Signature of Official

Name of Official (type or print name)

Title of Official

Address

City, State and Zip Code

Telephone Number

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME

this ____ day of _____, 20____.

NOTARY PUBLIC

**OFFICE OF THE CLARK COUNTY CLERK
DIANA ALBA**

RELEASE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

In connection with my application for Authorization to Solemnize Marriages in the State of Nevada pursuant to NRS 122.064, subsection 3 (c), I hereby authorize Diana Alba, Clark County Clerk, and Screening One, Inc. to perform a background screening check (including future screenings for retention, if applicable, and unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of the Clark County Clerk as a sound business practice, but also for the benefit of the public. It is no reflection on an applicant. The report consists of information deemed to have a bearing on the decision to grant authorization to solemnize marriages in the State of Nevada, and may include information from public and private sources and public records. The scope of the report may include information concerning civil and criminal court records, identity, past addresses and social security number and is conducted in accordance with applicable federal and state laws.
2. All reports are confidential and provided to the Clark County Clerk for decisions concerning authorization to solemnize marriages only.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190th Street, Torrance, CA 90504.
4. I authorize and release people, companies, municipal, county, state and federal agencies and courts to provide all information that is requested to the Clark County Clerk or Screening One.
5. I further release all of the above, including the Clark County Clerk and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

I, _____,
(Print name legibly)

hereby consent and authorize the Clark County Clerk and/or Screening One, Inc., on the Clark County Clerk's behalf, to prepare each report as defined above to assist in making decisions relating to granting authorization to solemnize marriages in the State of Nevada, before such decision to grant authorization or anytime after such authorization.

Signature _____ Date _____

Last Name			First Name			Middle Name			Social Security Number		
DOB : ____/____/____											
Mo Day Year			Former Names			Date of Name Change					
Name on Driver's License			Driver's License or I.D. Number			State of Issue					

[illegible]

s c r e e n i n g **ONE**

Questions Contact us at:
Ph: 888-327-6511 ext. 119
Fx: 888-216-1003

PAYMENT INFORMATION/AUTHORIZATION **FOR BACKGROUND CHECK**

Please type or clearly print all information

Select Payment Method:

- () **Cashier's Check in the amount of \$45 payable to Screening One, Inc.**
- () **Money Order in the amount of \$45 payable to Screening One, Inc.**
- () **Credit Card Authorization**

Type of Card: _____(Example: Visa, Mastercard, Amex)

Name on Card: _____

Credit Card Number: _____

Expires (month/year): _____ **Security Code:** _____

Billing Address on card: _____

- () **Checking Account ACH please provide a voided check**

Bank Name: _____

Account Number: _____

Routing Number: _____

Name of Bank Account: _____

Signed: _____ **Date:** _____